

# VALLEY REGIONAL HIGH SCHOOL

*"Home of the Warriors"*

256 Kelsey Hill Rd.  
Deep River, CT. 06417  
Athletic Department  
(860) 526-5329

## **EMERGENCY PERMISSION FORM**

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian e-mail \_\_\_\_\_

Sport \_\_\_\_\_

### **EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Preference Name \_\_\_\_\_ Phone # \_\_\_\_\_

### **HEALTH HISTORY**

Date of Current Physical \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Allergies \_\_\_\_\_

What medications/drugs are you presently taking \_\_\_\_\_

I hereby give permission to provide emergency medical treatment to my child \_\_\_\_\_.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_